Reset Form

Georgia Department of Community Affairs
Schedule of Existing Debt
CDBG/EIP Program

Applicant: _____
❑ Original ❑ Amendment, dated: _____

Part I - Schedule of Existing Debt

Creditor	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral	Status (Current, Delinquent)
TOTALS:		$ 0.00	$ 0.00		$ 0.00			

Part II - Comments

COMMENTS:

Part III - Signature

Signature: _____
Date: _____

FOR DCA USE ONLY: